

Duplicate **ATTESTATION PAPER.**

No. *18193*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *James Gannon*
2. In what Town, Township or Parish, and in what Country were you born?..... *Shamrock Ontario*
3. What is the name of your next-of-kin?..... *Mrs M. J. Gannon*
4. What is the address of your next-of-kin?..... *Herdmans Lodge No. Sask.*
5. What is the date of your birth?..... *15 June 1889.*
6. What is your Trade or Calling?..... *Bridgeman*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *Yes.*
10. Have you ever served in any Military Force?.. *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes.*

Robt. B. B. B. (Signature of Man).
Signature of Man James Gannon (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *J. Gannon*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *23 Sept* 1914. *J. Gannon* (Signature of Recruit)
Robt. B. B. B. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *J. Gannon*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *23 Sept* 1914. *J. Gannon* (Signature of Recruit)
Robt. B. B. B. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Valcartier* this *23* day of *Sept* 1914.

Guararion major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Sm Rogers (Approving Officer)

9th Battalion
101st Regt.

Description of James Gannon on Enlistment.

Apparent Age 25 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 11 ins.

Chest measurement { Girth when fully expanded 40 ins.
Range of expansion 2 ins.

Complexion dark

Eyes grey

Hair dark

Religious denominations. { Church of England
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic ☒
Jewish

scar back right hand
scar chin
birth mark chest

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 4 Sep 1914.

Place Valcartier

G. L. Cockburn
Capt. A. M. C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

The Gas Gannon having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. M. M. M. M. (Signature of Officer)

Date 23 Sep 1914.

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name GANNON James

Regt. No. 18193 Rank Pte

Corps 9th Bn.

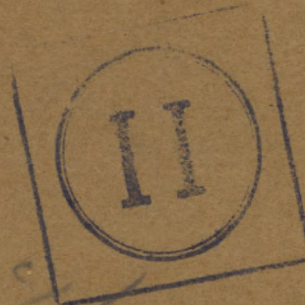
*Presumed to have died on
or since 8-10-16*

*Medals 28-7
Pt 29-7-20*

R. O. No.

H. Q. No.

03199



M. F. W. 62.

50 M. 9-16.

H. Q. 1779-29-935.

14-28
21-29
33-30

HAQ

Gannon, J., Pte. 18193 3rd Bn. 649-G-4205

Med. & Ded. (Sister) Miss Nellie Gannon,
General Hospital Grey Huns,
390 St. Guy St.,
Montreal, Que.
St Pauls Hosp.
Saskatoon Sask.

P. & S. (Mother) M. J. Gannon, Esq.,
Kindersley, Sask.

(Serial no. 786 440.)

Mem. Cross.

(Nil)

Scroll Desp. MAR 3 - 1921

Plaque Desp.

Regn. No. 2-24730

MAR 17 1922
Read No. 2-2764 P33076

E. lig. for 14-15 Star. Pte. 3rd Bn.

" " v. or.

" " C.O.W.M.



Name	Rank	Pte.
Gannon, James		

Reg. No. 18193

Unit 3rd. Batt.

Next of Kin Canada.

25-9-1340

Date 1916	Movement	Place	Casualty	List No. A	Notified N/K O. O	W.O. List
8-10	Missing			499	4254	7-11
<i>Now for official purposes presumed to have died on or since 8-10-16</i>						

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	0381-4-22					

NAME

Gannon James

REGT'L NO 18193

H. Q. FILE NO. 649-

RANK AND CORPS

Pte. 3rd Battalion (Form 9th Bn)

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

04254

7-11-16

Reported Missing Oct 8th 1916 ✓

{Cas Br Rep.
recd 15-6-17.
(32090C 10-8-17 recd 27-9-17)

23-5-17

Prev. rep missing now for offic. purposes

27-9-17

presumed to have died on or since 8-10-16.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A499

Rept. from Base

8-10-16

missing

A710.

Prev. rept. missing. Now for offic. purposes, pres.
to have died or since. 8-10-16

649-G-4205

Number 18793 Rank Plt

B

Surname Gannon

U

Christian Name James

Units Theatre of War France

Date of Service

Remarks Temp Card

Latest Address Sister - Miss Nellie Gannon

St Paul Hospital, Saskatoon

Roll No. B 310

Im-5-23-M63

DESP. JUN 20 1928

REGN. NO. 2598

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

O/S. 7-10-14

L. L. 6945. M. & D. 6994.

649-F-4205

James.

18193

RANK

Pte.

9th. 3rd

Bn.

nil.

Gannon Mrs. M. J.

not stated

Hurdman Lodge P.O.
Sask.

Canada, Shamrock

DATE

June 15th. 1889

Ualcartier P.Q.

DATE

Sept. 23rd. 1914

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Quebec per. S.S. Zealand 4-10-14.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Bridgeman.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

25 YEARS

3 MONTHS

HEIGHT

5 FEET

11 INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

2½ INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark.

DISTINGUISHING MARKS

Scar back right hand.

scar chin. Birth mark chest.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Sept. 4th. 1914.

Present Address. Not stated.

No. 18193

RANK PL

NAME

Garrison J.
Gannon James

T. O. S.

UNIT 101st Regt

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug 21 Sept 22	1914 Sept 21 Oct 31	← ←	on 9th Bin pay list	Oct pay list.
UNIT SAILED OCT 3 1914				



Name **Gannon, James** Rank **Pte.** Reg. No. **18193**Unit **3rd. Batt.**Next of Kin **Canada.**V
P.L. 25 9/1340

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916				A	O	
8-10	Missing			499	4254	7-11
May 22	Can Red X.					
8-10-16	Presumed to have DIED					
				4710	4/8/17	

[illegible]

Surname

Christian Name or Names

Reg. No.

Gannon

J.

18193

Rank

Unit

Co.

Troop

Batty.

Pte

3 rd Bn

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

P.R.M.NoE Off.purp.pres.to have DIED on or

since 8-10-16 JR

DISPOSITION

Date

CL.4-8-17 A710

REMARKS

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps

9th Battalion C.R.F.

Ber. Corrick
R.D. 10/28/35

Regimental No.

18193

Rank

Pte

Name

Gannon, James

Enlisted (a)

Terms of Service (a)

duration of war

Service reckons from (a)

Aug 1914

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
27/1/15	9 An	Transferred to INFANTRY BASE DEPOT	2nd Wnt	27/1/15	
14/10/15	Q.C. 3rd Bn.	Attached to (Bombing course)	1st. C.L.B.	14/10/15	B. 213.
31/10/15	"	Rejoined	Unit	26/10/15	B. 213
12-12-15	"	Granted 9 days leave	from	7/12/15	B. 213.
26. 12. 15	"	Returned to from leave		19. 12. 15	B. 213.
34. 2. 16.	Q.C. 3rd Bn.	Sentenced to 7 days I.P. No. 1. 23/2/16. for "When on active service, leaving a parade without permission.			B. 204. Part II Order No. 11. dated 7.3.16.
15-10-16	do	Missing	Field	22. 2. 16. 8-10-16	B. 213 DCS 454 d 1-11-16 N-1-120/905. H. O. 87. 20. 11. 16.
					Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

No. 18193. Gannon, J.

Report

Record of promotions reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place

Date

Remarks
taken from Army Form B. 213,
Army Form A. 36, or other
official documents.

4.8.17. 3rd Bn. Now, for official purposes,
presumed to have died } Field 8.10.16. E.H. A 710.
on or since

W. H. Shaw. Lieut.,
for Lt.-Col. & Records, O.M.F.C.

NAME GANNON, James ✓missing PSJRegimental No. 18193 ✓

Name and address of next-of-kin

Unit

9th Battalion

Mrs. M. A. Gannon,

Date of enlistment

Sept. 23rd, 1914

Hurdman'sHurdman's Lodge, P.O.,

Place of birth

Shamrock, Ont.

Sask.

Married (yes or no)

No

Date and place discharged

Amount of pay assigned monthly \$

Nil

Reason for discharge

To whom payable

Character on discharge

Missing 8/1/16 Ch.A. 499. 7/1/17Entered on Card IndexChecked by Ellis

1914		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
22 Sept	31 Oct	40	1 ⁰⁰	40 ⁰⁰	40	1 ¹⁰	4 ⁰⁰		44 ⁰⁰			30 ⁰⁰			30 ⁰⁰	
Nov 1	Nov 30	30	1	30	30	1 ¹⁰	3 ⁰⁰	14 ⁰⁰	47			47			47	
Dec 1	Dec 31	31	1	31	31	1 ¹⁰	3 ¹⁰		34 ¹⁰			34			34	
Jan 1	Jan 31	31	1	31	31	1 ¹⁰	3 ¹⁰	10	34 ²⁰			30			30	
1 Feb	28	28	1	28	28	1 ¹⁰	2 ⁸⁰	4 ²⁰	35			15			15	
1/3	31/3	31	-	31	31	1 ¹⁰	3 ¹⁰	20	54 ¹⁰			50			50	
1/4	30/4	30	1	30	30	1 ¹⁰	3 ⁰⁰	4 ¹⁰	37 ¹⁰			3			3	
1/5	31/5	31		31	31	1 ¹⁰	3 ¹⁰	34 ¹⁰	68 ²⁰			4			4	
1/6	30/6	30		30	30	1 ¹⁰	3 ⁰⁰	64 ²⁰	97 ²⁰			6			6	
1/7	31/7	31		31	31	1 ¹⁰	3 ¹⁰	91 ²⁰	125 ³⁰			6			6	
								119 ³⁰				225				
Admission of Exchange																
1/8	31/8	31	1 ⁰⁰	31	31	1 ¹⁰	3 ¹⁰	125 ³⁰	159 ⁴⁰			2 ⁹²			2 ⁹²	
1/9	30/9	30		30	30		3 ⁰⁰	156 ⁴⁸	189 ⁴⁸			10 ⁸¹			10 ⁸¹	
1/10	31/10	31		31	31		3 ¹⁰	178 ⁶⁷	212 ⁷⁷			5 ³⁰			5 ³⁰	
1/11	30/11	30		30	30		3 ⁰⁰	207 ⁴⁷	240 ⁴⁴			8 ³⁵			8 ³⁵	
1/12	31/12	31		31	31		3 ¹⁰	185 ¹⁴	269 ²²			23 ⁵²			23 ⁵²	
1916 1/1	31/1	31		31	31		3 ¹⁰	240 ²⁶	294 ¹²			8 ⁴¹			8 ⁴¹	
1/2	29/2	29		29	29		2 ⁹⁰	89 ⁴¹	91 ³¹			5 ²⁴			5 ²⁴	
								532 ⁶	3260 ⁶⁰⁰			1478 ⁵³			1478 ⁵³	

27 1914

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
73	21/3	31	1	31	31	10	310	8607			49853			44853	7dup FP 304 11/2/16
								12017			523			7701293	
								10724							
				526			5260								
				537			5370	6600			5376			77051146	
							6870								

BALANCE TRANSFERRED TO NEW LEDGER.

Checked CNR Robertson

COPY.

14.

W I L L.

Nov. 8th

In event of
my death I give the whole
of my effects my sister
Nellie Gannon

Hurdman's Lodge P.O.

Saskatchewan

Canada

(Sgd.) James Gannon.

Certified a true copy.

Edworthy Lieut.

Estates Branch.

1900

MADE IN CANADA

MEDICAL HISTORY SHEET.

Surname Gannon Christian Name James

Examined

on 12th day of Sept 1914

at Vaerfahier

Birthplace

City or Town Shannon

County Ontario Canada

Approved by

Rank Capt. D. M. H. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Apparent age 25

Trade or occupation Bridgeman

Height 5 Feet 10 ¹/₂ Inches.

Weight 165 Lbs.

Chest measurement

Minimum 38 inches.

Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks ✓

Vaccination Marks

Arm Right

Number 1

When Vaccinated last 4 Oct /14

(a) Marks indicating congenital peculiarities or previous disease ✓

(b) Slight defects but not sufficient to cause rejection

✓

Date	Result	VACCINATIONS.
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Enlisted on 13th day of August 1914 at Camerton

	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>101st Camerton</u>	<u>Fusiliers 18193</u>	<u>Temperate</u>	<u>13 Aug /14</u>
Transferred to.. ..	<u>9th Batt</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

Christian Name..

[illegible]

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Missing	8/9	La. 499.7
off Pres Dead	8/10/16	A 710 4/8/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No.

18193

RANK

Pte

NAME

Gannon James

IF IN PERM. CORPS
WHAT UNIT

UNIT 3rd Bn

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

Sept 23rd 1914

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

9.10.16 La. 499.

7.11.16.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1				2				3							4					CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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April 1	30	30	1	30	30	10	3								61870																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						

Statement of
27 1917
for the purpose of

Small
Ledger Sheet

[illegible]

Rank and Name

GANNON, James

Regimental No.

18193

Name and Address of Next-of-kin

Unit

9th. Battn.

Mrs. M. J. Gannon,

Date of enlistment

Sept 23rd. 1914.

Hurdmans Lodge, P.O.

Place of birth

Ontario

Sask.

Married (Yes or No)

No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

NERB No. 15

REMARKS

Taken from Official Documents

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS
Date	From whom received				
18-1-15	O.C. 9	Trans. to 3 rd Bu. Base Co.	Tidworth.	26-2-15	Pt. II.
7-4-15	O.C.	Drafted to France		7-4-15	" 92. Inf. Base Report.
25-4-15	O/C. 3 rd	Taken on strength 3 rd Bt	France.	12-4-15	Pt II - 9
18-12-15	"	Granted 9 days leave of absence	In the field	7 12/15	" 43
7.3.16	3 rd Bu.	Sent to 7 days F.P. No 1 for when on A.S. duty a Parate without permission 22/2/16	"	23-2-16	" 11
7.10-16	"	Missing	"	8-10-16	CL B 499
24.11.16	"	— do —	"	8-10-16	PH 2 O 87
4-8-17	"	Previously rept. Missing, now for official purp. pred. to have died on or since 8-10-16	"	8-10-16	EX A. 710

on-X.

25.11.17

49235

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No 25-G-1340

[illegible]